

Contracted Emergency Residential Services (CERS) Requirement Checklist

Please indicate whether or not your facility provides the following. The items depicted with an asterisk are considered mandatory; therefore, if you answer “no” or otherwise indicate that your facility “does not” have the capability to provide 1 or more of the following mandatory items, then your offer will be excluded from further consideration.

- a. * **ROOM AND BOARD:** ____ Yes ____ No. If yes, then how many beds for males _____ how many beds for females _____.

Does your facility provide:

* **Single bed and bedding:** ____ Yes ____ No

* **Personal Storage:** ____ Yes ____ No

- b. * **MEALS: Does your facility provide for the nutritional needs of Veterans? (check one of the following)**

____ Individual food preparation facilities. Please describe where Veterans will prepare their food or obtain adequate meals:

____ Centrally prepared nutrition and food services. If checked, how many meals are provided per day? _____

- c. * **LAUNDRY FACILITIES: Do you have laundry facilities and supplies for Veterans to do their own laundry?**
____ Yes ____ No

- d. * **LOCATION: Is your facility within 40 miles (one-way) from the James E. Van Zandt VA Medical Center in Altoona?** ____ Yes ____ No

e. **TRANSPORTATION:**

***** Does your facility provide transportation from the requesting VA facility to your facility? ____Yes ____No

***** Does your facility provide transportation for Veterans to and from care at the VAMC and other social services appointments, court hearings, and treatment appointments? ____Yes ____No

f. **Facility Personnel:**

***** Does your facility employ the following key professionals?

Administrative Staff Member on the premises or residing in the house and available for emergencies 24 hours a day, 7 days a week? ____Yes ____No

Case Worker(s) with at least a B.A. in Social Sciences? ____Yes ____No

License Practical Nurse (LPN) who is available at a minimum each day at the facility to deliver medications to residents? ____Yes ____No

Registered Dietician as either a staff member or consultant? ____Yes ____No

g. *** THERAPUETIC AND RECREATIONAL SERVICES:** Does your facility provide the following:

Structured group therapeutic and recreational activities, including Alcoholics Anonymous, vocational counseling, and physical activities? ____Yes ____No

Instruction in and assistance with health and personal hygiene? ____Yes ____No

Supportive social services, in collaboration with the case managers, VA or other community contract resources? ____Yes ____No

Individual professional counseling, including counseling on self-care skills, adaptive coping skills, budgeting skills, and, as appropriate, vocational rehabilitation counseling, in collaboration with VA program or contract community resources? ____Yes ____No

Assistance in learning and development of responsible living patterns to achieve a more adaptive level of psychosocial functioning, upgraded social skills, and improved personal relationships? ____Yes ____No

Support for an alcohol/drug abuse-free lifestyle, including random room and personal belongings checks, urine screens, and breathalyzer? ____Yes ____No

Assistance in learning, testing, and internalizing knowledge of the illness/recovery process? ____Yes ____No

h. **SUPPORT SERVICES/CASE MANAGEMENT:** In order to assist homeless Veterans to successfully transition to longer term residential/permanent housing, supportive case management services must be provided. Case management should encompass assisting the Veteran and his/her family with accessing required community services needed to promote self-sufficiency and independence. Examples of Supportive services include, however not limited to;

gathering personal documentation, applying for social service benefits, seeking gainful employment, income assistance and financial planning, relapse prevention, supportive counseling, social and recreational activities.

***** Does your facility provide Case management services to help Veterans achieve permanent housing ____ Yes
____ No

Does your facility conduct individual service plans to identify individual needs, barriers, goals, and outcomes?
____ Yes ____ No. If Yes to at least one of the above, please further explain case management services offered:

What other types of supportive services does your facility offer?

- i. AFTER HOUR REFERRALS: Your facility will be expected to have or establish an after hour referral process where as an identified homeless Veteran can be admitted into the program. Note: Referrals would be made by on-call staff at the VA thereby, determining eligibility prior to placement. After normal business hours, weekends, and holidays, does your facility allow Veterans to be admitted to your program after normal business hours (after 4:30 p.m.)

Monday through Friday? ____ Yes ____ No

Weekends? ____ Yes ____ No

Holidays? ____ Yes ____ No

Please explain procedure:

- j. ***** **MEDICATION STORAGE: Facility must monitor medications used by residents to include types of medication and frequency of use. The contractor must provide a secured medication storage area and controlled access for medications brought into the program and used by the Veterans. At a minimum, a LPN must dispense medications and keep a medication log.**

Please check the type of medication control system used by your facility:

____ MEDICATION MANAGEMENT: Practice of prescribing, administering, and/or dispensing medication by qualified personnel, including taking pills out of bottles, measuring liquids or giving injections.

____ MEDICATION MONITORING: Practice of providing a secure storage area and controlled access for medications that are brought into the facility and used by the Veteran. The person takes the medication without any assistance from staff.

_____ INDIVIDUAL STORAGE: Practice of allowing individual to store (i.e. lock box, individual room/apartment) and self-administer their medications.

If a variation from one of the above, please explain:

Are your staff responsible for monitoring provided with continuing education and training as appropriate and is this documented? _____ Yes _____ No

- k. ACCOMMODATIONS FOR DISABLED: Does your facility provide reasonable living accommodations to Veterans with disabilities including wheel chair accommodations, access to services despite inability to work, living arrangements accessible to the Veterans' level of need.

***** Is your entire facility wheelchair accessible? _____ Yes _____ No

Please describe other accommodations provided for disabled homeless Veterans:

I. PHYSICAL SAFETY AND SECURITY

***** Is there sufficient lighting around the perimeter of the facility based on the housing setting? _____ Yes
_____ No

***** Is your facility supervised 24/7? If so, by whom?

***** Is there a paid staff member on-call for emergencies 24 hours per day, 7 days a week? _____ Yes _____ No